LGBT Health…Who Cares?

Can Primary Health and Social Care services meet the challenges affecting Lesbian, Gay, Bisexual and Transgender Communities?

Birmingham 23rd March 2009

The report is a summary of the proceedings of the LGBT Health event. Opinions expressed in this report are those of participants in the seminar and are not intended to represent the views, positions, or policies of the EHRC and other organising partners.

Report prepared by Adam Jowett

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Executive Summary

Lesbians, gay men, bisexuals and transgendered (LGBT) people continue to experience a number of health inequalities, often unrecognised in health and social care settings. Health and social care professionals commonly assume LGBT people's health needs are the same as those of heterosexual people, with the exception of those related to sexual health.

In this half day event such commonly held assumptions were dispelled through a series of presentations and workshops by regional experts in LGBT health. The aim was to generate discussion amongst policy and strategic decision makers within the health sector to have a positive influence in the development of social policies supporting LGBT communities in the region.

One of the key messages throughout the event was the need for health and social care service providers to comply with current legislation and to promote LGBT equality through their services. A lack of research into LGBT health and the needs of LGBT service users were highlighted as was the current lack of monitoring of sexual orientation and gender identity by service providers. The benefits of LGBT focussed education and how LGBT related training resources designed for health and social care professionals can be used effectively were demonstrated.

A repeated message from the thematic workshops was the need for training to be mandatory for staff at all levels within health and social care services.

Introduction

Over recent years there has been marked progress in the legal rights of lesbian, gay, bisexual and transgendered (LGBT) people in many aspects of daily life. However, LGBT people continue to experience a number of health inequalities, often unrecognised in health and social care settings. Research suggests that discrimination has a detrimental impact upon the health and wellbeing of LGBT people.

Many people are reluctant to disclose their sexual orientation to health care professionals, fearing discrimination or poor treatment. Health and social care professionals commonly assume LGBT people's health needs are the same as those of heterosexual people, with the exception of those related to sexual health.

The Single Equality Bill paves the way towards an integrated equalities landscape, reinforcing the development of positive social policies including those supporting LGBT communities. Public bodies now have a legal duty to promote greater awareness and regard for the needs of LGBT people in our society.

It is for this reason that the LGBT Health half day event was held as part of the EHRC's 'New Voices' seminar series and organised in partnership with Birmingham LGBT Community Trust. The event aimed to explore the question of whether primary health care and related support services are responding to the health challenges affecting LGBT communities living in, working in or visiting the West Midlands.

The Speakers:

Dr Catherine Meads – University of Birmingham

Dr Catherine Meads from the University of Birmingham has worked in lesbian and gay health since the 1980s. She explained that, until now, most LGBT health research has focused on gay and bisexual men's risk of contracting HIV/AIDS and sexually transmitted diseases. For trans people research has focused solely on the transitioning process. While this research has been important, Catherine suggested that there are a wide variety of other physical and mental health issues experienced within the LGBT community which remains under researched.

Catherine presented findings from her systematic review of regional (West Midlands) LGBT health research since 2000. Local health research was compared to UK national, peer reviewed and published LGBT health research. Nine West Midlands surveys, two systematic reviews, 11 quantitative and 14 qualitative primary research papers were included.

No research was found on the general health of trans people and very little on people who identify as bisexual. No LGB results were found on many common physical diseases such as chronic obstructive pulmonary disease, digestive diseases or autoimmune diseases.

There were higher rates of breast cancer, mental health problems (depression, anxiety, suicide attempts, eating disorders, self-harm) and poor health behaviours (smoking, poor diet, illegal drug use) among LGB people. There were low access rates of cervical screening among lesbians and bisexual women but no cervical cancer rates for these women.

The research on LGB people's experience of healthcare suggested numerous barriers including homophobia and heterosexism, misunderstandings and lack of knowledge, lack of appropriate protocols, poor confidentiality and the absence of LGBT-friendly resources.

Catherine concluded that the systematic review demonstrated that there are many gaps in knowledge of LGBT health and that if routinely collected data included questions regarding sexual orientation and gender identity our knowledge of LGBT health would increase exponentially.

Polly Wright – The Hearth Centre

The Hearth Centre specialises in the use of theatre and media to address mental and sexual health issues. Delegates were shown an extract of the DVD 'Straight Talking' which was produced by the Hearth Centre, commissioned by Sexual Health in Practice (SHIP) and funded by Heart of Birmingham PCT in 2007.

The DVD is aimed at healthcare professionals but can be used more widely by professionals who interact with LGBT service users. The DVD is set in a primary health care centre and asks questions about LGB health needs in a primary care context by presenting the lives of three characters who are LGB patients. The DVD raises issues about patients not disclosing concerns to health care professionals and presents two alternative consultative approaches which may encourage patients to be more open about their lives.

The DVD is available for £25 from Polly Wright who can be contacted via the Hearth Centre website (www.thehearthcentre.org.uk).

Larna Gallier – Gender Matters

Larna began by briefly providing some background information on Gender Matters; a charity which works to support the Trans community in all areas of life. She went on to identify who the trans community are and what it consists of before speaking to delegates about Trans health issues of which PCTs and health/social care professionals should be aware.

She spoke of a deep seated fear of using health services within trans communities. Among the health issues highlighted was the high rate of suicide attempts among trans communities; many of which happen before the person has transitioned or before they have identified themselves as trans. Body dysmorphia which may result in self harm and/or eating disorders was identified as common within trans communities. Rejection from families was highlighted as another issue, with little service provision to support the families of trans people.

There is a lack of research into trans populations. No research has been conducted into how large the trans community is within the West Midlands or what their specific health needs might be. Without statistics on how many trans people there are within the West Midlands, the trans community are often overlooked by service providers and commissioners. The lack of an existing body of research also leads to a lack of funding in care for trans people.

Thematic Workshops:

Following the plenary speeches delegates were given the choice of four workshops to attend. The aim was to explore through discussion and debate what those present felt could be done to improve health and social care services for the LGBT community. Each workshop was asked to produce three 'action points' which they felt needed to be addressed. This was followed by a feedback session in which workshop facilitators provided a summary of what had been discussed in their workshop and what action points had been identified.

Transgender led by - Larna Gallier, Gender Matters

Delegates in this workshop continued to discuss the kinds of health challenges faced by the Trans community and what could be done by health professionals.

The three action points identified were:

- The trans community needs to be listened to at an institutional level. More consultation with trans people is needed and a clearer complaints procedure.
- Awareness needs to be raised by ensuring compulsory training across equality strands, including trans people.
- Providers should identify who their services are being delivered to and gather statistics on the trans community within their services.

Service Delivery led by – Dr Catherine Meads

In this workshop delegates discussed how health services are currently delivered to LGBT people and how this could be improved.

The three action points identified were:

- Service Level Agreements (SLA) commissioning performance management.
- Education and mandatory training is needed at all levels.
- Specialist (LGBT specific) services are needed for the most vulnerable.

Mental Health led by - Katie Young and Steve Hoare, Freshwinds

This workshop began with a talk from Freshwinds which aimed to define mental health and identify key components affecting the mental wellbeing of LGBT people. Real life examples were presented from Freshwinds work within the LGBT community, delegates were introduced to current research and sources of information (particularly the Department of Health's briefing paper on LGBT metal health) were highlighted.

The three action points identified were:

- Standardised training for NHS service providers needs to be developed.
- Mental health service workers need to receive standardized training on LGBT issues.
- LGBT specific services which already exist need to be publicised more widely.

Straight Talking led by – Polly Wright, the Hearth Centre

Delegates were given the opportunity to watch more of the 'Straight Talking' DVD before discussing the issues raised and how it could be effectively used within primary care as a training resource to improve services LGB people receive.

The three action points identified were:

- Every GP surgery should have materials such as the 'Straight Talking' DVD and GPs/consultants should receive mandatory training on how best to communicate in the types of scenarios highlighted in the DVD.
- GPs should have effective monitoring systems in place and ensure that patient's personal details are kept strictly confidential.
- Training should be mandatory for staff working at all levels within health and social services. GPs should be trained to develop their use of appropriate language (such as 'partner') and ensure that positive LGBT literature is displayed in waiting rooms and surgeries.

Questions and Answers

Delegates were given the opportunity to pose questions to a panel of speakers and workshop facilitators about anything brought up during the event. Questions raised were as follows:

Q: What can monitoring bodies such as the EHRC do to ensure that such events affect change?

A: Jagdish Singh spoke about the EHRC's role as both an inspector and enforcer of equality and its work with other bodies. He stated that the EHRC will continue to consult with LGBT organisations and facilitate a dialogue between LGBT communities and public bodies to influence change.

Catherine Meads spoke of her hope that such events will act as a catalyst for change and that service providers would be encouraged to make whatever changes they can, for example by monitoring the sexual orientation of their service users.

Q: One delegate stated that those in high positions ('who can create change') often say they do not have time to address issues like those raised at the event and those working for change are often dismissed as 'one issue people'.

A: The panel empathised with the delegate's sentiments. Jagdish Singh restated that public bodies have a legal obligation to address the issues raised in order to provide equitable service provision and the EHRC's role in monitoring that appropriate services are being provided.

Q: One delegate suggested that to create change what is needed are Governors of Foundation Trusts that would champion these issues.

A: Catherine Mead was in agreement that those working for LGBT equality in health do need to find such influential positions.

Freshwinds spoke about the need for LGBT communities to work together on such issues and avoid fragmentation.

Q: Jagdish Singh was asked about using high profile legal cases as a catalyst for change.

A: Jagdish explained that the EHRC does provide support for legal cases and works with grass root organisations to identify cases which might challenge and expand current legislation. However, he also spoke of the need to provide incentives and to empower public bodies to make positive changes. He stated that while legal action is an important tactic for creating change it is also a long process and can polarise factions within a community.

Conclusion:

The event provided an excellent networking opportunity for those working at a strategic level within health and social care to explore the issues faced by LGBT communities and to suggest possible solutions.

The action points identified in all four thematic workshops were similar. A common theme identified in all the workshops was the training of staff in health and social services. Delegates identified that more training was needed, that it was needed at all levels from receptionist staff to GPs and consultants and that it needed to be mandatory. Another common theme expressed was the need for service providers to monitor the sexual orientation and gender identity of service users. Having gained an understanding of such issues it remains to be seen whether and how they will be acted upon. Some felt that they lacked the individual power to make such changes within their organisations and felt that such changes needed to be made at a national level with standardised and mandatory training running throughout the NHS.

Appendix A

LGBT Health…Who Cares?

Monday, 23rd Marcg 2009

Advantage West Midlands

Programme

09.30 Registration

10.00 Welcome and Introductions: Jagdish Singh Shemare, Equality and Human Rights Commission

10.15 Systematic review of Regional LGBT health research: Dr Catherine Meads, University of Birmingham

10.30 'Straight Talking' DVD: Polly Wright, the Hearth Centre

10.55 Refreshments

11.05 Trans health: Larna Gallier, Gender Matters

11.25 Thematic Workshops

Thematic Workshop	***Workshop Chairs***
Transgender	**Larna Gallier, Gender Matters**
Service Delivery	**Dr Catherine Meads**
Mental Health	**Katie Young and Steve Hoare, Freshwinds**
Straight Talking	**Polly Wright, the Hearth Centre**

12.10 Workshop Feedback

12.30 Questions and Answers

12.50 Wrap up session

13.00 Networking lunch

Sources of information:

Birmingham LGBT Community Trust:

http://www.blgbt.org/

The Hearth Centre:

http://www.thehearthcentre.org.uk/

Gender Matters

http://www.gender-matters.org.uk/